

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7611</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2005</u> Through: <u>12</u> / <u>31</u> / <u>2005</u>
3. Name and address of person filing. Name <u>JOSEPH</u> <u>M</u> <u>ARDOIN, JR.</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>P.O. BOX 28</u> City <u>WEYANOKE</u> State <u>Louisiana</u> ZIP Code + 4 <u>70787</u>	4. Name, file number, and address of labor organization. Name <u>CARPENTERS LOCAL 1098</u> Labor Organization File Number <u>017-160</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>6755 AIRLINE HWY</u> City <u>BATON ROUGE</u> State <u>Louisiana</u> ZIP Code + 4 <u>70805</u>
5. Position in labor organization. <u>PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Joseph M Ardoir Jr</u>	On <u>3-20-06</u> <u>225-927-6068</u> Date Telephone Number

Name of Person Filing JOSEPH ARDOIN, JR.

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name CARPENTERS LOCAL 1098 PENSION FUND  
Trade Name, if any: SAME  
P.O. Box, Bldg., Room No., if any  
Street 8875 GREENWELL SPRINGS RD  
City BATON ROUGE  
State Louisiana ZIP Code + 4 70814

## 9. Business deals with:

- ☐ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CARPENTERS LOCAL 1098 PENSION FUND  
Trade Name, if any: SAME  
P.O. Box, Bldg., Room No., if any  
Street 8875 GREENWELL SPRINGS RD  
City BATON ROUGE  
State Louisiana ZIP Code + 4 70814

## 11.a. Nature of such dealing.

TRAVEL EXPENSES ASSOCIATED WITH MR. ARDOIN'S DUTIES AS A FULL TIME EMPLOYEE OF THE ERISA TRUST FUND. ALL TRAVEL EXPENSES WERE ACCOUNTED FOR AND DOCUMENTED AS NORMAL RECURRING BUSINESS EXPENSES.

## 11.b. Approximate dollar value of such dealing.

\$4,092

## 12.a. Nature of interest held or income received.

NO INCOME WAS RECEIVED NOR FINANCIAL INTEREST HELD BY MR. ARDOIN IN THE OPERATIONS AND ASSETS OF THE ERISA FUND.

## 12.b. Amount.

\$0

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name  
Trade Name, if any:  
P.O. Box, Bldg., Room No., if any  
Street  
City  
State ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

Name of Person Filing JOSEPH ARDOIN, JR.

File Number U- 7611

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name LA CARP REG COUNCIL TRAINING TRUST FD

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 8875 GREENWELL SPRINGS RD

City BATON ROUGE

State Louisiana ZIP Code + 4 70814

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name LA CARP REG COUNCIL TRAINING TRUST FD

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 8875

City GREENWELL SPRINGS RD

State Louisiana ZIP Code + 4 70814

## 11.a. Nature of such dealing.

OUT OF POCKET EXPENSES FOR TRAVEL TO BOARD MEETINGS. ALL COSTS APPROVED BY BD. OF TRUSTEES. ALL COSTS INCURRED AS PART OF DUTIES AS FUND ADMINISTRATOR.

## 11.b. Approximate dollar value of such dealing.

\$162

## 12.a. Nature of interest held or income received.

OUT OF POCKET EXPENSES FOR TRAVEL TO BOARD MEETINGS. ALL COSTS APPROVED BY BD OF TRUSTEES. ALL COSTS INCURRED AS PART OF DUTIES AS FUND ADMINISTRATOR. NO ECONOMIC INTEREST AND NO INCOME RECEIVED.

## 12.b. Amount.

\$0